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ship *Utstein;* crew, 16; passengers from this port, none; passengers in transit, none; pieces of baggage disinfected, none.

Respectfully, WM. H. CARSON,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

BLUEFIELDS, NICARAGUA, *July 25, 1901.*

SIR: I have to make the following report of the conditions and transactions at this port during the week ended July 24, 1901:

Population according to census of 1894, 3,000; present officially estimated population, 4,000.

Number of cases and deaths from yellow fever during the week, none; number of cases and deaths from smallpox during the week, none; number of cases and deaths from typhus fever during the week, none; number of cases and deaths from cholera during the week, none; number of cases and deaths from plague during the week, none; number of deaths from other causes during the week, 3; prevailing diseases, malarial fever and dysentery. General sanitary condition of this port and the surrounding country during the week has been fairly good. There has been a slight increase in the number as well as the severity of the cases of malarial fever in this port. Three deaths occurred in this town, viz., July 19, Indian, male, age, 35; from chronic dysentery; July 23, colored, female, age, 40; chronic dysentery; July 24, a Spaniard, male, age, 80; malarial fever.

Bills of health were issued to the following vessel: July 24, steamship *Hiram;* crew, 15; number of passengers from this port, 5; number of passengers in transit, none; pieces of baggage disinfected, 3.

Respectfully, WM. H. CARSON,
Acting Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

PHILIPPINE ISLANDS.

Report from Manila—Plague and smallpox.

MANILA, P. I., *July 26, 1901.*

SIR: I have the honor to state that only 9 new cases of plague (3 Chinese and 6 Filipinos) occurred in Manila during the week ended June 22, 1901, although 13 deaths resulted from the disease. During the same period there was 1 case of smallpox and there were 174 deaths from all causes.

Respectfully, J. C. PERRY,
Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer for the Philippine Islands.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Quarantine transactions of outgoing vessels at Manila for the two weeks ended June 29, 1901.

MANILA, P. I., *June 26, 1901.*

SIR: I have the honor to submit report of quarantine transactions of outgoing boats for the week ended June 22, 1901, as follows:

Number of vessels inspected	46
Number of pieces of baggage disinfected	616
Number of crew inspected	1,300
Number of passengers inspected	1,053

FERRIES.

Number of ferryboats inspected	66
Number of crew inspected	693
Number of passengers inspected	7,101

VACCINATIONS (BOATS ARRIVING).

Number of vaccinations, crew	14
Number of vaccinations, passengers	369

Respectfully, J. C. PERRY,
Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer for the Philippine Islands.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

MANILA, P. I., *July 1, 1901.*

SIR: I have the honor to submit report of quarantine transactions of outgoing boats for the week ended June 29, 1901, as follows:

Number of vessels inspected	48
Number of pieces of baggage disinfected	288
Number of crew inspected	1,295
Number of passengers inspected	1,156
Number of rejections (smallpox, 1)	1

FERRIES.

Number of ferryboats inspected	68
Number of crew inspected	748
Number of passengers inspected	8,050

VACCINATIONS (BOATS ARRIVING).

Number of vaccinations, crew	13
Number of vaccinations, passengers	469

Respectfully, J. C. PERRY,
Passed Assistant Surgeon, U. S. M. H. S.,
Chief Quarantine Officer for the Philippine Islands.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

Early diagnosis of plague.

WAR DEPARTMENT,
OFFICE OF THE SECRETARY,
DIVISION OF INSULAR AFFAIRS,
Washington, D. C., August 1, 1901.

SIR: I have the honor to inclose herewith for your information a copy each of circulars Nos. 3, 5, and 9, office of the board of health, Manila, P. I., relating to the bubonic plague and typhoid fever.

Respectfully, CLARENCE R. EDWARDS,
Chief of Division.

The SURGEON-GENERAL,
U. S. Marine-Hospital Service.

[Circular letter No. 3.]

A brief synopsis of bubonic plague for early diagnosis.

OFFICE OF THE BOARD OF HEALTH,
Manila, P. I., March 7, 1901.

Three varieties: (1) With bubo; (2) without bubo; (3) pneumonic.

1. With bubo. These constitute one-half the cases and vary in severity from comparatively mild to severe.

2. Without bubo. This class is more uncommon and includes those cases in which, either from an overwhelming dose of the poison or from a weak resisting power, death occurs before bubo formation in twelve to twenty-four hours from onset of disease.

3. Pneumonic. This type has been rare in Manila, not above 2 per cent of the total number of cases. These cases all die very early, but they do not have bubos but a broncho-pneumonia.

Any of the three varieties may be hemorrhagic, hemorrhages indicating always a severe infection.

The symptoms to be carefully looked for are outlined below.

NERVOUS SYSTEM.

Headache: Usually early severe, frontal.
Delirium: Often early, may be low, muttering, or maniacal.
Coma: In bad cases early.
Muscular prostration: Usually early from severe toxæmia.

DIGESTIVE SYSTEM.

Tongue: Usually dry with thick gray coating.
Pharynx: Commonly congested.
Enlarged tonsils: Rare.
Nausea: Common.
Vomiting: More often nausea, but also common, either green, brown, or bright red.
Diarrhea, constipation: Either.
Involuntary stools: Not uncommon.
Abdominal pain: Occasional from involvement mesenteric glands.
Hemorrhage from mouth or intestines: In hemorrhagic case only.

RESPIRATORY SYSTEM.

Epistaxis: Common in all varieties.
Lung involvement: In pneumonic variety, a veritable broncho-pneumonia.
Respiratory rate: Usually rapid, often 40–50, from pulmonary congestion, characteristic in typical cases.
Cough: Common.
Hemorrhage: Hemorrhagic cases.
Character sputum: In pneumonic cases usually like broncho-pneumonia, blood streaked.

CIRCULATORY SYSTEM.

Condition of heart: As in other severe fevers.
Character of pulse: Early, weak, and dicrotic.
Rate of pulse: 110 – 180.
Dilatation superficial veins: Very common.

CUTANEOUS SYSTEM.

Hemorrhages: In hemorrhagic cases, usual site, face, hands, and over shoulders; size, petechiæ to ½ c. m.; character, usually look like mosquito bite, but may be dark purple; any scratch in those cases shows hemorrhages in edges.
Pustules: Rare, any site, may be multiple.
Carbuncle: Very rare, any site, may be multiple.
Conjunctivæ: Injected.

LYMPHATIC SYSTEM.

Primary glands affected: Usually single gland, or single group; most common, femoral or inguinal; next axillary; then anterior-cervical.
Associated glands: Rarely several.
Character of skin over infected bubo: Rarely reddened.
Suppurating bubo: Very rare till late in the disease.
Lymphangitis: Rare.
Involved glands are always very painful and tender, and often have a surrounding œdema. In femoral glands this may extend from knee to lower ribs.

TEMPERATURE.

May be elevated to 105° F. or even 107° F. May or may not be initial chill or chills, or chills may continue at intervals throughout disease. Temperature not infrequently shows an intermittent or remittent character.

FACIAL EXPRESSION.

Usually curious, mixed fear, dread, and suffering.

MICROSCOPE.

Early leucocytosis.

In Manila the organism has been found in 90 per cent of bloods examined; use any common stain, methyl blue, gentian violet.

Plague in an atypical case is extremely difficult to diagnose, and in the presence of the disease any fever should be looked upon with suspicion. The certainty of other disease existing does not in any way negative plague as it may engraft itself on any of the common diseases, as typhoid, tuberculosis, malaria, etc. It is important to remember that the absence of bubo does not exclude plague.

[Circular Letter No. 5.]

The ambulatory type of plague.

OFFICE OF THE BOARD OF HEALTH,
Manila, P. I., April 8, 1901.

The attention of all physicians is called to the necessity for extreme caution in the differentiation of cases of ambulatory plague; this type is frequently encountered, especially among the Chinese, who keep up much longer in severe illness than the other races here. Cases running their course within six hours are not uncommon, and a much less period before death may elapse after the severity of this disease is manifest. Deaths even occur absolutely without antecedent symptoms, the person falling dead while at work, possibly without apparent cause, or it may be from a trivial injury, which, though unimportant, proves too much for a heart degenerated by the powerful toxines of plague. That these cases are true plague is borne out by the recent investigations of the board of health, autopsies resulting in the finding of the plague bacillus and the characteristic pathological changes.

Enteric fever.

The fecal matter and urine of a typhoid patient are the principal, if not the only, foci of infection, and this infection may be propagated in the house of the patient by the waste pipe, cesspool, latrine, or by filtrations, and may infect the well, cistern, or other source of drinking water; also food, especially milk, fruit, vegetables, thereby producing the disease in other persons.

When a case of typhoid fever occurs in a family the sick person should be placed in a room apart from others and should be cared for as far as possible by one person. The room of the patient should be well ventilated, its furniture should be such as permits cleaning without injury, and all unnecessary objects should be removed from the room. In every doubtful case the laboratory of the department of health should be consulted for the diagnosis.

No person who is in contact with a typhoid fever patient, such as nurse or servant, or who has to handle anything whatever which may have come in contact with the fecal matter of the patient, should touch any sort of food or water or any sort of receptacle for such food or water which is to be used by other persons.

A solution of the best fresh chloride of lime (500 grams to 4 liters of water) in a well-closed jar, should be kept at hand, and 250 c. c. of this solution should be placed in the urinal or basin, immediately after it has been used by the patient. Fecal matter should always be well mixed and covered with the disinfecting solution, and should be so left a half hour before emptying.

The same disinfectant should be used freely in the vessels, sinks, and latrines. If the patient makes use of the water-closet this should be disinfected with large quantities of chloride of lime.

The clothing, pillowcases, sheets, etc., which have been in contact with the patient, should be soaked in a solution of corrosive sublimate (8 grams of corrosive sublimate and 60 grams of common salt in a gallon of water, 1-2000) mixed in a wooden vessel, having a label indicating that it contains poison, and should be boiled in the solution for half an hour.

This disinfecting solution may be used with all nonmetallic articles—for metallic articles a 5 per cent solution of carbolic acid. Everything which might contaminate the house or its surroundings should be removed. Disinfectants should be used freely, and the waste pipes should be kept in good condition.

At the termination of the disease the house, room, pillow cases, sheets, and clothing of the patient should be disinfected as recommended in this circular.

Typhoid fever patients may be a source of danger until the urine of the same is free from the typhoid bacillus. This dangerous condition of the urine may last several weeks after the patient is convalescent, and during this period the urine should be disinfected. The presence of the bacillus in the urine and its subsequent disappearance may be verified, if desired, in the laboratory of the department of health.

TURKEY.

Confirming the reports of plague in Constantinople.

CONSTANTINOPLE, TURKEY, *July 8, 1901.*

SIR: I have the honor to transmit to you herewith a copy of the official report from the board of health of the Ottoman Empire, in regard to the cases of bubonic plague which are now being treated at the Monastir Aghzy Hospital. You will observe that the epidemic made its appearance here between the 18th and the 23d of last month, and that since that time 3 cases have been discovered by the authorities. Owing to the absence of the regular physician of this legation, this official bulletin is sent in place of the report which Dr. Zavitziano would otherwise have made to this legation.

Respectfully, JOHN G. A. LEISHMAN.

Hon. SECRETARY OF STATE.

Foreign and insular statistical reports of countries and cities—Yearly and monthly.

ARGENTINA—*Buenos Ayres.*—Month of May, 1901. Estimated population, 800,000. Total number of deaths, 1,419, including diphtheria, 19; enteric fever, 29; measles, 3; scarlet fever, 53; smallpox, 247, and 160 from tuberculosis.

AUSTRIA—*Brunn.*—Month of April, 1901. Estimated population, 95,342. Total number of deaths, 263, including diphtheria, 2; enteric fever, 15; measles, 4; whooping cough, 1, and 73 from tuberculosis.

Month of May, 1901. Total number of deaths, 238, including enteric fever, 6; measles, 1, and 66 from tuberculosis.

BAHAMAS—*Dunmore Town.*—Two weeks ended July 19, 1901. Estimated population, 1,472. Two deaths and no contagious diseases.

Governors Harbor.—Two weeks ended July 20, 1901. Estimated population, 1,375. One death and no contagious diseases reported.

Green Turtle Cay—Abaco.—Two weeks ended July 18, 1901. Estimated population, 3,900. No deaths and no contagious diseases reported.

Nassau.—Two weeks ended July 22, 1901. Estimated population, 12,000. No deaths and no contagious diseases reported.

BERMUDA—*Hamilton.*—Two weeks ended July 2, 1901. Estimated population, 2,000. Total number of deaths, 4. No contagious diseases reported. Two weeks ended July 20, 1901. One death and no contagious diseases reported.

BRAZIL—*Ceara.*—Month of May, 1901. Estimated population, 50,000. Total number of deaths, 117, including 15 from enteric fever.

Month of June, 1901. Total number of deaths, 100, including enteric fever, 11; measles, 2, and 1 from smallpox.